PTO/SB/17 (07-67)
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Under the Pa	aperwork Reduction Ac	z of 1995, no pe	rson are required to	respond to a collec	***************************************		***********	control numbe
Fees pursuant to	Effective on 12 the Consolidated App	Complete if Known						
FEE TRANSMITTAL For FY 2007						September 25, 2006		
				\$		Hisayoshi ITO		
				}~~~~		G. Mesh		
Applicar	nt claims small entity	Art Unit 1711			***************	***************************************		
TOTAL AMOUNT OF PAYMENT (\$) 120.00			£		2224-0260PUS1			
METHOD OF	F PAYMENT (che	eck all that ap	pły)			***************************************		***************************************
Check	Credit Card	Money	Order Nor	ne Othe	r (please identif	v):	**************************************	
X Deposit A	ccount Deposit Acro	unt Number	02-2448	Depos	eit Account Name	Birch, Stewa	rt, Kolaso	h & Birch,
For the	above-identified d	eposit accou	nt, the Director is					***************************************
·	Charge fee(s) indica			1		licated below, ex	cept for t	he filing fee
	harge any addition			x Cred	lit any overpa	yments		
FEE CALCU	e(s) under 37 CFF LATION	v 1.30 and 1.	l E	***************************************	·····			
·····	IG, SEARCH, ANI	EXAMINAT	ION FEES					······································
		FILING FE		ARCH FEES	EXAMIN	IATION FEES		
Application T	vne Fe		Entity (\$) Fee (\$	Small Entity Fee (\$)	Y Fee (\$)	Small Entity Fee (\$)	Fnac	Paid (\$)
Utility			50 500	250	200	100	8 G-G-G-	and (4)
Design			00 100	50	130	65		
Plant	(T		00 300	150	160	80		
Reissue			50 500	250	600	300	<i></i>	
Provisional	2,	00 10	0 0	0	0	0	***************************************	
2. EXCESS CL	AIM FEES							Small Entity
For Description Each claim over 20 (including Reissues)							Fee (\$) 50	Eee (\$) 25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims							360	180
Total Claims Extra Claims Fee (\$) Fee F				'aid (\$)	Mu	iltiple Depende	nt Ciaims	
23 - 24 = 0 x = Fee (\$) HP = highest number of fotal claims paid for, if greater than 20.							ee Paid (i)
Indep. Claims	Extra Claims			aid (\$)				
2	-3 = 0	X	=	274 (4)				
3. APPLICATION If the specifics listings uncome.		s exceed 100)), the applica	sheets of paper (tion size fee du	e is \$250 (\$125	for small en)
Total Sheet		eets :	lumber of each a	fditional 50 or fr	action thereof	Fee (\$)	Fee	Paid (\$)
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4. OTHER FEE	A. 15.	130 C	ing ang paggang ang ang ang ang ang ang ang ang a				Fees	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
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SUBMITTED BY Signature	71 41 4	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Registration No.	23.404	Talankees	מים נימים:	s onon
	Brance (MIN 14 MIN 22 (273)			(Altomey/Agent)	mey/Agent) 32,101 (displicite (703) 203-0000			
wame (Print/Type)	Marc S. Weine	ŗ	Re C			Date	August 3	, 2007

MSW/GMD/mua Birch, Stewart, Kolasch & Birch, LLP